

Informed Consent for Laser Hair Removal

The purpose of this procedure is to diminish or remove unwanted hair. The procedure requires more than one treatment and may produce permanent hair removal. The total number of treatments will vary between individuals. On occasion, there are patients that do not respond to treatments. The treated hair should exfoliate or push out in approximately 2-3 weeks.

The following problems may occur with hair removal system:

1. **There is a risk of scarring**
2. **Short term effects may include reddening, mild burning, temporary bruising or blistering. Hyper-pigmentation** (browning) **and Hypo-pigmentation** (lightening) have also been noted after treatment. These conditions usually resolve within 3-6 months, but **permanent color change is a rare risk.** Avoiding sun exposure before and after treatment reduces the risk of color change.
3. **Infection:** Although infection following treatment is unusual; bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following a treatment. This applies to both individuals with a past history of herpes simplex virus and individuals with no known history of herpes simplex virus infections in the mouth area. Should any type of skin infection occur, additional treatments or medical antibiotics may be necessary.
4. **Bleeding:** Pinpoint bleeding is rare but can occur following treatment procedures. Should bleeding occur, additional treatment may be necessary.
5. **Allergic Reactions:** In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions, which are more serious, may result from prescription medicines
6. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.
7. Compliance with the aftercare guidelines is crucial for healing, prevention of scarring, and hyper-pigmentation.

I agree to electronically sign this document by filling out the Google Form emailed to me.

Consent for Laser/Light Based Treatment (IPL & Fractional)

I authorize True Skin to perform laser/pulsed light cosmetic skin treatments on me, including, but not limited to: the treatment of pigmented lesions (for example sun spots, age spots, and other skin discolorations), vascular lesions (for example red spots, leg veins, and small spider veins, but not varicose veins), wrinkles, rhytides, furrows, fine lines, textural irregularities, nonablative skin resurfacing, soft tissue coagulation, ablative skin resurfacing, and reducing or eliminating hair. I understand that the procedure is purely elective, that the results may vary with each individual, and multiple treatments may be necessary.

I understand that:

- The Palomar Icon Aesthetic System is pulsed-light and laser system that delivers a precise pulse of light energy that is absorbed by a chromophore in skin, for example, hemoglobin in the blood or pigment in a lesion, causing a thermal reaction. All personnel in the treatment room, including me, must wear protective eyewear to prevent eye damage from this light energy.
- The sensation of light is sometimes uncomfortable and may feel like a moderate to severe pinprick or flash of heat. Anesthesia or sedation (calming medication) may be advisable for laser skin resurfacing treatments. If the practitioner or physician elects to use an anesthetic to reduce discomfort during any light-based treatment, all options and risks associated with the anesthetic will be discussed with me.
- The treated area may be red and swollen for two to twenty-four (2-24) hours or longer. Cooling the area after the treatment (for example, ice packs, topical gels) may help reduce discomfort and swelling.
- Common side effects includes temporary redness (erythema) or mild “sunburn”-like effect that may last a few hours to 3-4 days or longer. Other potential side effects include, but are not limited to: crusting, irritation, itching, pain, burns, scabbing, swelling (edema), broken capillaries, bronzing, and acne or herpetic breakouts. There also is a risk of resulting unsatisfactory appearance and failure to achieve the desired result.
- Pigment changes, including hypopigmentation (lightening of the skin) or hyperpigmentation (darkening of the skin), lasting one to six (1-6) months or longer or permanently may occur. Freckles may temporarily or permanently disappear in treated areas.
- Serious complications are rare but possible, such as, scarring, blood clots, skin loss, hematomas (collection of blood under the skin), and allergic reaction to medications or materials used during the procedure.

- I understand and accept that with skin resurfacing treatments, there may be an increased length of social downtime associated with the level of treatment. There also is a chance of additional side effects like blanching and significant redness.
- With ablative laser treatments, there are additional risks of discomfort, focal areas of bleeding, bruising, poor healing, serious discharge, and infections. Serious but rare complications may include scarring abscess, skin necrosis (dead skin), and injury to other internal structures including nerves, blood vessels, or muscles.
- An occlusive ointment may be used to cover the treated skin and keep it moist to avoid the skin drying out and being crusty or desquamated. Occlusion may exacerbate acne breakouts under the ointment.
- There is no guarantee that the expected or anticipated results will be achieved.
- Sun, tanning bed, or tanning lamp exposure, the use of self-tanning creams, and not adhering to the post-treatment instructions provided to me may increase my chance of complications. I must avoid the sun, tanning beds, and sunless tanning lotions and use sunblock (SPF 45 recommended) after treatment.
- There is the possibility of coincidental hair removal when treating pigmented or vascular lesions in hair-bearing areas. There is a risk that the hair regrowth may be changed, such as little or no regrowth or more regrowth than before.
- I should call my provider as soon as possible if I have any concerns about side effect or complications after treatment.
- I hereby consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure(s). I understand that all forms of anesthesia or sedation involve risk and the possibility of complications, injury, and in rare instances death.
- Not providing my medical history before proceeding with a light-based treatment could impact treatment results and cause complications.

Before and after-treatment instructions have been discussed with me. The procedure, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

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